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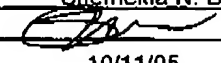
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Shemekia N. Brown (Depositor's name)  
 (Signature)  
10/11/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/643,787	08/19/2003	Csaba Truckal	CTX-000A	4790

TITLE OF INVENTION: ELECTROSURGICAL WORKING END FOR CONTROLLED ENERGY DELIVERY CONTROLLED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROANE, AARON F	3739	606-051000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SurgRx, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Palo Alto, CA

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 10/11/05

Typed or printed name Joel M. Harris

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